

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

100-200				File with: City or	Town Cler	k or Election Commission
Fill in Reporting Period dates:	Beginning Date: 02/0	01/2022	Ending I	Date: 05/2	5/2022	
Type of Report: (Check one)						
8th day preceding preliminary	8th day preceding election	☐ 30 day	after election	⊠ year-end	d report	dissolution
Terri Leone						
Candidate Full Name (if a				Committee Na	me	
Town Council East Longmeadow MA, Ham Office Sought and Di	/	-	Na	me of Committee	Treasurer	
205 Mapleshade Avenue						
Residential Addres	SS	11	C	ommittee Mailing	Address	
E-mail: terrileone@gm	ail.com	E-mail:				
Phone # (optional):		Phone # (optional):			
	SUMMARY BALAN	CE INFO	RMATION:			
Line 1: Ending Balance	e from previous report					0
Line 2: Total receipts t	his period (page 3, line 1)	1)				0
Line 3: Subtotal (line 1	plus line 2)					
Line 4: Total expendit	ures this period (page 5, li	ne 14)				
Line 5: Ending Balance	e (line 3 minus line 4)				rai Fa	o
Line 6: Total in-kind c	ontributions this period (p	page 6)			CO EU EU EU	Together the second sec
Line 7: Total (all) outs	tanding liabilities (page 7)			J. J.	<u>•</u>
Line 8: Name of bank(s) used: N/A					
Affidavit of Committee Treasurer: I certify that I have examined this report including at activity, including all contributions, loans, receipts, e finance activity of all persons acting under the author	xpenditures, disbursements, in-kin	d contributions	and liabilities for this	s reporting period		
Signed under the penalties of perjury:			(Treasurer)	signature)	Date: _	
FOR CANDIDATE FILINGS ONLY:	Affidavit of Candidate: (check 1 l	oox only)				
Candidate with Committee I certify that I have examined this report including activity, of all persons acting under the authority incurred any liabilities nor made any expenditure.	or on behalf of this committee in	accordance with	the requirements of	M.G.L. c. 55. I l	nave not rec	
Candidate without Committee I certify that I have examined this report including finance activity, including contributions, loans, a campaign finance activity of all persons acting to	receipts, expenditures, disbursemen	its, in-kind conf	ributions and liabilit	ies for this reporti	ng period a	nd represents the
Signed under the penalties of periury:	Ibroleen		(Candidate)	'e eigneture)	Date:	01/12/2022

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

	lease include your committee name and a pa Name and Residential Address		Occupation & Employer
Date Received			(for contributions of \$200 or more)
		<u> </u>	
		<u> </u>	
:			
		<u> </u>	
ine 9: Total Recei	pts over \$50 (or listed above)		
ine 10: Total Rece	ipts \$50 and under* (not listed above)		
		-	
ine 11: TOTAL F	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

	Nome and Basidantial Address	(99	<u> </u>
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(mphaseaeaa naemg requires)	AMIOUIL	(101 contributions of \$200 or more)
			1
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<u> </u>			
	-		
	L		
<u> </u>			
Line 9: Total Recei	ipts over \$50 (or listed above)		
Line 10: Total Rece	sipts \$50 and under* (not listed above)		
Line 11: TOTAL I	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
TO 1			

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

	To Whom Paid	nittee name and a page number on		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
				i
			#	
			[]	
			[]	1
			[
			1	
1				
			L	
			[[
				<u></u>
		Line 12: Total Expenditures ov	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50	and under* (not listed above)	
		To tom Enjammon pol	(1101 110101 01010)	
	Enter on name 1 line A -	Line 14: TOTAL EXPENDIT	HRES IN THE PERIOD	
	Lines on page 1, nuc 4			

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

SCHEDULE B: EXPENDITURES (continued)

		THE B. EXILENDIT CRES (C		
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		<u> </u>		
ļ				
				131
		Line 12: Expenditures over \$50) (or listed above)	
		**		
		Line 13: Expenditures \$50 and to	under* (not listed above)	
	Enter on nage 1 line 4 ->	Line 14: TOTAL EXPENDIT	URES IN THE PEDIOD	
		include them in line 12. Line 13 sl		<u></u>

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Prince Associated in the Control of				
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO		

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	



Form CPF M109: Statement of Municipal Candidate Not Raising or Expending Campaign Funds

Office of Campaign and Political Finance

File with: Local Election Official (City or Town Clerk)

Candidate's Name:	Terri Leone				
Office Sought:	Town Council- Hampden County				
Residential Address:	205 Mapleshade Avenue				
City / State / Zip:	East Longmeadow	MA 01028			
-	terrileone@gmail.com Phone Number:	413-526-9973			

I hereby certify that I have not opened a campaign bank account for campaign funds because I do not intend to accept contributions or in-kind contributions, make expenditures, including expenditures of my own funds, or incur liabilities for any campaign-related purpose, nor do I currently have any outstanding liabilities for prior campaign-related activity. I submit the following as my campaign report for all bank reporting periods in this calendar year as provided for in Chapter 55 of the Massachusetts General Laws:

1. Ending balance from previous report	ZERO	0	2023	
2. Total receipts for reporting period	ZERO		73 J	
3. Subtotal	ZERO	[7]	77 po	700
4. Total Expenditures for reporting period	ZERO	r		E
5. Ending balance	ZERO	8		MH
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After filing this statement, if I decide to raise, accept, or expend funds, or incur liabilities, for a campaign-related purpose, I will immediately notify my local election official in writing, and will file periodic campaign finance reports according to the statutory filing schedule.

Until such notice is on file with the local election official, I certify that the above Zero report will be in effect for each reporting period, in the calendar year in which it is filed, required by Chapter 55 of the Massachusetts General Laws.

This form is valid through December 31 of the year in which it was signed.

SIGNED UNDER THE PENALTIES OF PERJURY:

Candidate's signature:

Date: 01/12/2023